Supported Return To School Program – Green Square High School Referral Form 2020

Completed referral forms to be emailed both to:-

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Family Name: Given Name/s:
Date of Birth: Sex: □Male □Female
NESB: ☐ No, English only ☐ Yes, other language
Aboriginality: ☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both
School: Year:
Home Address:
Name of parent/s or Carer/s (Mr, Mrs, Ms):
Contact Numbers: (Home) (Work) (Mobile)
Long Suspension Details
Date of suspension: Proposed no. of school days: Deadline for resolution:
Reason for suspension (select): \square Persistent Misbehaviour \square Physical Violence \square Use of an implement as a weapon \square Use or possession of a prohibited weapon \square Possession, supply or use of
a suspected illegal substance \square Serious criminal behaviour
Outline details related to the suspension:
School Interventions
Current interventions (select): ☐ Counsellor Support ☐ ISTB ☐ LST ☐ Funding Support
□ STLA Support □ RSSSP □ Referral to outside agency □
Other Click here to enter text.
Previous interventions and not current (select): ☐ Counsellor Support ☐ ISTB ☐ LST ☐ Funding Support ☐ STLA Support ☐ RSSSP ☐
Referral to outside agency Other

Mentor Teacher Details

Name: Position: Best contact time:
Contact School Counsellor Details
Name: Days at referring school:
Known Risk Factors
1. Has the student a history of violence? ☐ Yes ☐ No
2. Has the student a history of self-harm?
3. Has violence been involved leading to the suspension? ☐ Yes ☐ No
4. Are there any known risk factors? \square Yes \square No
If yes give details
5. Have the student's parents or other people living with
the student behaved aggressively towards school staff? Yes No
6. Has an Inclosed Lands Act been issued to prevent the student's?
parent/s or other people living with the student from entering the school?
7. Has a risk assessment been completed? Yes No
(If yes please send a copy with this form)
Please attach all relevant information.
Long Suspension Report (required) ☐ Yes ☐ No
School Counsellor Report (required)
Risk Assessment
Other Click here to enter text.
Completed by
Name: Position:
Date: